

Pediatric Seizures: An update on management

September 10, 2004

Primary Children's Medical Center
Auditorium

<u>Content</u>	<u>Intended audience</u>
9:00-9:15 Welcome	Nurses and other health care providers who care for children with epilepsy in the school, community, and health care environment.
9:15-10:05 Seizures Overview *	
10:05-10:55 Pharmacological Treatment *	
11:10-11:30 CCTV *	
11:30-12:15 Surgical Treatment for Seizures*	
12:15-1:00 Lunch (provided)	<u>Speakers</u> Fran Filloux, MD Collin Van Orman, MD John R. Kestle, MD Paula Peterson, PNP Shari Combe, PA
1:00-1:20 Ketogenic Diet	
1:20-1:40 Vagal Nerve Stimulator	
1:40-2:30 Panel discussion on Life Challenges of Families with a Child with Seizures	

* Videostreamed via IHC Intranet

What you will learn

- Causes of seizures in children and medical and surgical management.
- Criteria for specific treatment options.
- Ongoing challenges of families and children living with seizures.

Registration Fee:

The registration fee is \$25 for the workshop, which includes educational materials, nursing contact hours, lunch and a certificate of completion. Make check payable to Pediatric Education Services, and mail or fax to:

Primary Children's Medical Center
Pediatric Education Services
100 No. Medical Drive
Salt Lake City, UT 84113
Fax #: (801) 588-4075

Contact hours:



Nursing contact hours have been applied for. Primary Children's Medical Center has been approved as a provider of continuing education in nursing by the Utah Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

To register by fax or mail, please complete the following information:

(payment must accompany registration)

Name _____ Employer _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Work phone _____

Please indicate level of practice: ☐ RN/LPN ☐ MD ☐ other _____

Credit Cards Accepted: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____ Expiration Date _____

Cardholder Name _____

Signature _____

* IHC has invited anyone who is interested to attend this via videoconferencing.

If you are interested please let me or Pat Bryner at 801-585-2426, know and we will make sure you get connected



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